

## CSA Face Sheet for IEP Day or Residential Placement

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Student STI Number: \_\_\_\_\_ SPED Eligibility \_\_\_\_\_

Base School: \_\_\_\_\_ School Social Worker: \_\_\_\_\_

School Placement: \_\_\_\_\_ Start Date: \_\_\_\_\_

High School: \_\_\_\_ Yes \_\_\_\_ No If yes: 4x4 \_\_\_\_ 7pday \_\_\_\_

Year round placement: \_\_\_\_ Yes \_\_\_\_ No ESY: \_\_\_\_ Yes \_\_\_\_ No

Medicaid Enrolled: \_\_\_\_ Yes \_\_\_\_ No

Reason for Placement (behaviors): \_\_\_\_\_

Diagnosis (check if applicable): \_\_\_\_ Autism \_\_\_\_ Pervasive Developmental Disorder

DSM V Mental Health Diagnosis: \_\_\_\_ Yes \_\_\_\_ No

Prescribed Medication for Mental Health Problem: \_\_\_\_ Yes \_\_\_\_ No

CANS Completed (required): \_\_\_\_ Yes \_\_\_\_ No

### Additional Documents Required by CSA to Encumber Purchase Order:

- Special Education Services page from IEP
- Parent Signature page from IEP
- CSA Consent form

### Please fax completed face sheet and other CSA required documents to:

- CSA office - FAX: 540 422-8458

### Please provide copy of completed face sheet only to:

- Testing Coordinator – Central Office, Building D